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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON CHRONIC BRONCHITIS.

By PROF. A. P. DUTCHER, M. D.,
Of Cleveland, Ohio.

I. Causes of Chronic Bronchitis.

These are numerous, including all those that produce the acute form, and several others. But I am quite satisfied from my own observation, that the most common cause of this disease in our latitude, is frequent and continued attacks of the acute form of the disorder. I meet with examples of this nearly every day. Some of you will remember the case of BROWN, who I presented to you at several of our clinics last winter. He was thought by one of his physicians to be suffering with pulmonary tuberculosis, but we did not agree with him in that opinion. Chronic bronchitis was his disease, evidently induced by repeated attacks of the acute disorder, which were caused by intemperance in the use of alcoholic stimulants, and certain violations of the laws of health, such as sleeping on the cold damp earth, and exposing himself to all kinds of weather without proper clothing. In the medical wards of all our large hospitals you will frequently meet with cases of this kind. They are commonly individuals who have fallen victims to all the degrading vices of our modern civilization, and if you have a keen diagnostic eye, you can almost make out the character of their malady, without a physical exploration of the chest.

But the most severe and fatal form of chronic bronchitis is produced by the habitual inhalation of certain noxious gases and air loaded with dust. Thus it has been well established, that needle pointers, stone cutters, millers, leather dressers, and workers in artificial hair, and feathers, are especial subjects of the disease. In these instances the phenomena of the disease very much resemble phthisis pulmonalis, and I have on several occasions known practitioners to confound it with that disorder. The constant inhala-

tion of sulphuric acid gas by those engaged in refining coal oil, produces a form of chronic bronchitis, that is often mistaken for pulmonary tuberculosis. About a year since a man came to me, whose case had been pronounced as one of phthisis by three of our best physicians. He had been employed in refining oil for four years. Never used any means to protect his breathing organs from the noxious gases engendered in the process, like his fellow-workmen, thought his lungs were so strong that he did not need them. I made out for him a clear case of bronchitis; prescribed treatment accordingly, and advised him to quit the business. In three months he regained his usual health, and has not a symptom of the disease since.

In this city, chronic bronchitis is a very common disorder, particularly among those engaged in out-door employments. And this is not so much owing to any special influence of our climate or freaks in atmospherical vicissitudes, as to a mineral dust with which our air is loaded. This I have clearly demonstrated by the microscope. Our city is built upon a vast sand bank. This sand is composed in a great measure of minute atoms, which under a magnifying power of fifty diameters, with reflected light, look like crystalline quartz, sparkling like diamonds, very beautiful to behold. In dry windy weather, the air is filled with the dust containing these crystals, and are freely taken into the lungs, and no doubt frequently adhere to the bronchial mucous membrane, in such a manner as to produce, in some individuals, irritation, congestion, and inflammation. I have often seen these crystals in the sputum. Last spring I had an expressman under my care, who had suffered with bronchitis for more than a year. I frequently found them in his expectoration in great abundance. After treating him for more than three months, with very little benefit, I recommended him to relinquish his occupation, and go to some place where he would be free from the dust. He followed my advice; went up to Lake Superior, stayed two months and returned perfectly well. But he soon found that if he was to remain free from his old malady, he could not remain in Cleveland. He, therefore, left and went to St. Pauls,

Minnesota, and the last I heard from him, he had good health.

Sexual excesses and self-abuse, I have found to be frequent causes of chronic bronchitis. In looking over a list of fifty cases, which have fallen under my care during the last six years, I find that ten of them have been attributed to these causes. And they were mostly individuals in middle life; the period when the sexual propensities are the most vigorous, and prompt to the most unlimited indulgence. You will occasionally treat a patient for a long time, who is suffering from an ordinary attack of chronic bronchitis, and after exhausting your stock of therapeutics, you will wonder that he does not recover. You are well satisfied that the diagnosis is correct. He assures you that his habits are all right, that your prescriptions are faithfully attended to, and there is no improvement. Indeed you may treat him as long as you please, and he will not be cured, until you expose the secret source of his malady, and compel him to abandon it. After treating a very intelligent patient for this disease a long time, I remarked to his wife one day, that it was exceedingly strange there was no improvement in his case, I could not see that he was any better than when he first came under my care, and I began to fear that there was something about his case I did not understand. "Sir!" said she with great emphasis, "my husband is a perfect animal. His sexual excesses I fear will be the death of him. If you could do something to make him more moderate in this particular, I think all would be well." I took the hint; lectured him upon the evils of his habit; ordered not only moderation but total abstinence. He followed my advice, and the lady's prognosis was speedily verified.

Another fruitful source of this form of bronchitis is the tobacco habit. If you doubt this, look into the mouth and throat of the first inveterate tobacco smoker and chewer that you meet with. But you need not go out of this lecture room to find an example. Permit me to select one out of the class. Here is P., a gentleman of the nervo-sanguineous temperament. Has been in the habit of chewing tobacco as long as he can remember, and is a perfect slave to it. Now look into his mouth. He has had a fine set of teeth, well arranged, but they are now discolored and ruined by his filthy practice, and some of them are ready to fall out from the deep incrustation of tartar surrounding them. See his gums how red and spongy they are, the slightest touch causes them to bleed. His tongue is pointed, red at the edges, and covered in the centre with a

thick yellow coat. The mucous membrane of the fauces and throat is highly injected and very red, down as far as the eye can see. Now if you could open the wind pipe, down to its final ramifications, you would find its entire mucous membrane presenting the same red and injected appearance as the fauces and the throat. Indeed they are but an index of the condition of the entire mucous membrane of the breathing apparatus. And who will pretend to deny that this condition is not favorable to the invasion of inflammatory action? It is the first stage in that process, and all that is needed, is some slight cause to call it into action, and he may have either, pharyngitis, laryngitis or bronchitis, and all their distressing sequence. P., says, he has repeatedly suffered from bronchial catarrh, and is now troubled with morning cough and expectoration. I would advise him to abandon his tobacco habit at once.

In seeking out the causes of chronic bronchitis, you must not look alone for those that are tangible or primary, for you will not unfrequently find them quite remote or secondary. Let me give you an example. Here is A., a patient of mine who has been ill for three months. He has apparently a mild form of chronic bronchitis. He does not appear to have been benefited in the least by my treatment, although it has been prompt and energetic, directed entirely to the bronchial trouble, supposing it to be primary. Let us see if we can discover why we have failed. Perhaps a more rigid examination will find some other organ seriously at fault. Let us commence with the heart. Percussion and auscultation elicit nothing abnormal. There is no evidence of pulmonary tuberculosis. Digestion is not very good, and the bowels costive; there is some tenderness in the region of the stomach, but nothing further worthy of special attention. He has pain occasionally in the right hypochondriac region, but there is no fulness or tenderness in that situation, and nothing that would indicate disease of the liver. There is considerable tenderness on pressure over the kidneys. We will now examine the urine. You see it is light straw color; its specific gravity 1009; slightly acid; heat and nitric acid shows considerable albumen; under the microscope, epithelium from the pelvis of the kidneys; pus cells, and uriniferous casts. The quantity of urine passed during the day is small. Now here, gentlemen, we have a clue to this patient's difficulty. Desquamative nephritis and its ordinary consequence ureæmia. The bronchitis is kept up by an effort of nature to eliminate the urea and uric acid through the

bronchial mucous membrane. Perhaps we may succeed in curing the nephritis, if so the bronchitis will vanish as if by magic. We find the same thing in other blood poisonings. But we have not time to consider them just now.

II. Symptoms of Chronic Bronchitis.

This disease commonly prevails in two forms, the *mild*, and the *severe*. The first is the common *bronchial catarrh* of our standard medical authorities. It is generally manifested by a slight habitual cough and expectoration, which are increased by sudden changes of the weather, and prevails mostly in winter and spring. It is confined chiefly to individuals in advanced life. Indeed it is not uncommon for persons afflicted with this form of the disease, to expectorate more or less every day for years, and yet continue to enjoy a measure of health. They may at times suffer somewhat from dyspnoea, particularly when the disorder is slightly aggravated, and under such circumstances also they may lose a little flesh; but this is soon regained. I have had patients of this kind under my care for years; they would be nearly well in the summer, but as soon as the cold damp weather of autumn would once set in, their old enemy would commence its ravages, and in spite of every therapeutical measure, continue to annoy the patient until the return of summer. In this form of the disorder the expectoration is commonly glairy mucous, sometimes puriform, in irregular shreds, and but rarely moulded to the form of the tubes. During the active stage of the disease, there is sometimes slight chills in the morning, and fever in the after part of the day and a portion of the night. The appetite is generally not much impaired, neither is the patient's sleep much disturbed at night, and if it were not for the morning cough and expectoration, he would think himself quite well.

In the second form of chronic bronchitis, the general and local symptoms are more aggravated. The reason for this is found in the circumstance, that it more frequently succeeds to an attack of acute bronchitis, than the first form; particularly when it has been neglected or badly treated so long that the bronchial mucous membrane and other structures are permanently injured. In such instances, although the expectoration may have become partially opaque, and the usual febrile symptoms very much relieved, yet the disorder may become stationary, manifesting symptoms simply of a low grade of inflammatory action, with unsubdued and more spasmodic cough, often with an augmentation of dyspnoea, soreness, and wandering pains in the chest, and

more or less derangement of the general health. The expectoration becomes different, or of different degrees of consistence, and mixed with opaque clots of a yellowish or greenish color, composed chiefly of mucous and pus corpuscles. When the expectoration is very copious, there is usually considerable prostration of strength, and loss of flesh. In some cases there is marked hectic, and other symptoms which may lead you to set the malady down as pulmonary tuberculosis. Indeed, I have known some of our best physicians to do this. This is especially the case, where the patient has suffered a long time with the disease, and it has resulted in structural alterations in the bronchial tubes. Let me read you a case from my note book, which to mind, illustrates very clearly the diagnosis between these two diseases.

III. A Case of Pulmonary Bronchitis Mistaken for Pulmonary Tuberculosis.

March 22d, 1857. Called this day to see Rev. H. W., a distinguished methodist preacher, aged 37, of a marked bilious nervous temperament; has no hereditary predisposition to any disease; has always led a very active life, and commonly enjoyed good health until about a year since, the commencement of his present illness, which he attributes to a severe cold that he took, while engaged in holding a protracted meeting. Instead of suspending his labors, and calling in a physician, he continued his work until his malady became so severe, and his strength so much exhausted, that he was unable to go to his charge any more. He now had fever, pain in his chest in the region of the sternum, cough, mucous expectoration, loss of appetite, and constipation of the bowels. A physician was called in, pronounced his case lung fever, and for two weeks he was quite ill. After the fever left him, his appetite returned, his bowels became more regular, and he gained a little strength; but his cough and expectoration remained. Various remedies were now employed for the cure of these troublesome symptoms, and for six months he made but little improvement. He now called in homeopathy, and after trying its empty pretensions for three months, without benefit, he was induced by the advise of a ministerial friend, to consult the lamented Dr. LAWSON of Cincinnati. The doctor saw him several times, examined his case carefully, and pronounced it phthisis pulmonalis, and gave an unfavorable prognosis. Two other distinguished medical gentlemen were consulted in the same city, and gave the same opinion.

At the time of my first visit, he had returned

from Cincinnati, and felt very feeble and desponding. Hope had well nigh given him over to despair. After repeated examinations of his case, I was not willing to say that he was suffering under pulmonary tuberculosis. He had, it was true, some symptoms of hectic, but they were not pronounced. The positive symptoms were wanting. Thus the tubercular diathesis was not marked; THOMPSON's gingival margin was absent, and there was no clubbing of the fingers. He had never had haemoptysis, and the base of his brain was well developed. He was, however, very thin in flesh, had a frequent pulse, and hurried breathing. Auscultation elicited on the right side distinct clinking at the fourth intercostal space, with slight dulness on percussion just under the clavicle. On the left side there was no dulness on percussion, but auscultation elicited loud mucous rhonchi. On inspecting the chest, there was a slight inequality in the expansion movements of the two sides. The right side was quite restricted in its movements, while the left appeared to be augmented.

The history of the case, and the physical signs seemed to point out the existence of tubercular consolidation in the superior part of the right lung, with a considerable cavity in the middle lobe, and also chronic bronchitis. But they were not conclusive as to the disease being tubercular. The dulness was in the right place, but the clinking was not; for it is pretty generally conceded by our best writers on pathology, that in almost every case, that tubercular disorganization occurs first at the superior portion of the lung, and it is at this portion of the lung that cavities form, and clicking is most commonly first heard just under the clavicle or at the second intercostal space, about two inches from the sternum. The general symptoms and physical signs not being sufficient to make out a clear diagnosis of the patient's malady, we called to our aid the microscope, which had in several instances like this, helped us out of the woods. The sputum was carefully and repeatedly examined. It was found to contain the usual products of purulent expectoration, mucous and pus cells in abundance, but no tubercular granules, withered cells, pulmonary fibres, or meshes, all of which are necessary to make out a case of tubercular disorganization.

I, therefore, ignored the idea of phthisis pulmonalis, and placed the patient upon the following treatment, for chronic bronchitis:

R. Potassii iodidi,	3ij.
Hyd. bi-chloridi,	gr. ij.
Ext. lobeliae fluid,	f. 3j.
Syrup. stillingiae comp.,	
Syr. phell. aquat. comp.,	as f. 3viiss. M.

Sig. One half ounce three times a day before each meal, and his chest over the bronchial regions was to be painted, most thoroughly, every night on retiring to rest, with

R. Iodine (pure),	3j.
Potassii iodidi,	3ij.
Aqua pura,	f. 3iv. M.

He was also ordered to inhale 40 drops of the following, every night before going to bed:

R. Iodine (pure),	gr. xx.
Chloroform,	f. 3j. M.

To quiet the cough and secure good rest at night, he took one of the following:

R. Quinæ sulph.,	
Ext. hyoscyami,	as f. 3ss.
Morph. sulph.,	gr. iii. M.

Ft. in pill no. 15.

These therapeutical agents, and thorough attention to the sanitary condition of the patient, constituted the whole treatment, with very little variation for two months, at which time he was so much improved, that he took a trip to the sea shore; was gone two months, and when he returned was so far restored to health, that he was able to enter upon the duties of his calling; and when last I saw him, about a year since, he informed that he was still troubled with shortness of breath, and a slight cough, especially when he happened to overtax his voice in preaching, but in other respects enjoyed good health. And when I came to examine his chest, I found the same dulness and clinking in the right side, that were there years before.

And now some of you may ask, how do you account for these abnormal sounds if there was no tubercular disorganization in the lung? Listen for a moment and I will try and answer your question. In this patient's case there had at first evidently been an acute inflammation of the bronchial mucous membrane of the larger tubes, by neglect and mismanagement it extended to the bronchial air cells, which being permanently engorged or obliterated by effusion of lymph, will always produce more or less dulness, especially where a large extent of lung is affected. Again, it sometimes occurs that inflammation, instead of obliterating the bronchial tubes supplying a portion of lung, causes them to dilate. On post-mortem in cases of this kind, we occasionally find the bronchial tubes supplying the whole lung or a lobe dilated. In this instance, the bronchial tube when slit open may be larger, or larger than the trunk from which they originated, are easily exposed to the very periphery of the lung where they terminate in a *cul-de-sac*. SIEVEKING and JONES have presented their readers with an excellent diagram of this condi-

tion of the bronchial tubes, on page 389 of their work on Pathological Anatomy. In other cases, the tubes are abruptly enlarged at a particular point as a single tube, or several tubes near each other, uniting to form an irregular cavity. This we suppose to have been the condition of the bronchial tubes, in the case just given. The clicking heard was the air passing in and out of a large bronchial pouch, and not by a tubercular cavity.

Chronic bronchitis is sometimes confounded with other affections of the lungs, such as pulmonary congestion from heart disease, and emphysema. The diagnosis of ordinary chronic bronchitis from emphysema of the lungs is commonly very easy; but these two diseases are so frequently associated, and the symptoms which they occasion so nearly alike, that it is almost impossible to distinguish between them, and say which is the primary disease. Some writers maintain that bronchitis always precedes emphysema, while others maintain the contrary. I shall not attempt to decide this question just now, but will on some future occasion, when we come to treat of the diagnosis of emphysema.

(To be continued.)

Communications.

CASE OF SUNSTROKE.

BY JAMES B. BURNET, M. D.,

House-Physician, Bellevue Hospital, N. Y.

Marcus Higgins, *æt.* 35, a native of Ireland, was admitted to Bellevue Hospital, at 1, P. M., on the 13th of August. He was in a state of coma—breathing, slightly stertorous. Mastillary movements of lower jaw; pupils of ordinary size, not responding to the influence of light. Skin warm; pulse of considerable force, compressible and irregular, 100 in the minute. Bleeding from the arm, recommended by Dr. FLINT was resorted to. About eighteen ounces of blood were drawn. After eight ounces had been taken, the pulse became softer and more regular. The flow of blood was arrested for a time, and again resumed as soon as the pulse became stronger. The cold douche was employed after the withdrawal of the first eight ounces, with good effect. The patient shrank from it. The douche was used whenever the patient's head became hot. The head was raised upon a pillow. The patient became semi-conscious in less than an hour, and full consciousness was restored in two hours. Sinapisms applied to the chest and lower ex-

tremities. Aqua ammonia to the nape of the neck, for the purpose of rapidly vesicating it. Two drops of oleum tigillii administered by the mouth.

7, P. M. Patient says he feels dull, but is fully conscious.

Aug. 14th. He is about the ward, and states that he feels well.

Aug. 15th. Reports himself quite well, and is discharged.

His history was as follows: He was at his work, on Pier no. 44, unloading a vessel in the hot sun. He had not had his dinner. Had taken two or three drinks during the morning. About 12 o'clock he felt giddy (but had no pain in his head) and started to go home. Had no recollection of what transpired after that. He was found by a policeman in the street, and brought to the hospital.

Remarks. The house-physician under whose care this patient was, states that the effect of the cold douche was in this case very remarkable. The patient was perfectly comatose, when it was resorted to. Soon after the water struck his head, he began to turn it from side to side, and after a few minutes he cried out, and before the douche was completed was able and conscious enough to answer questions.

During the summer of 1866, there was a large number of cases of sun-stroke treated in this institution, the following abstract of which has been prepared by Dr. E. H. SMITH, one of our late house-physicians:

"There have been sixty-three cases of sun-stroke admitted into the hospital this summer. Fifty-nine of these were admitted during the month of July. Fifty-three were males; ten were females; forty were fatal; twenty-three recovered; twenty-two were moribund when admitted, being unable to swallow, and dying within four hours after admission. About forty-five were comatose when admitted. About three fourths were complicated with diarrhoea, and a few with vomiting. There were rice-water discharges in three. Constipation was not marked in any case. The pupils were much contracted in about seven-eighths of the cases; in the remaining one-eighth they were dilated. The skin was intensely hot in all cases, except two in which it was cool. There were convulsions in twelve cases; opisthotonus in two. There was emission of semen in one case. Two cases were followed by delirium tremens; one of these proved fatal; one case was followed by subacute meningitis, and proved fatal.

"Treatment. Stimulants were tried in six cases,

but seemed rather to do injury than good; all of these died. Cold to the head, and friction with ice were used in connection with the stimulants; chloroform was given in drachm doses in one case with apparent benefit at first, but the patient subsequently died.

"Bloodletting was employed in three cases with no benefit; the patients all dying. Bromide of potassium with cold to the head, and alternation of heat and cold to the spine, was employed in eleven cases, five of which recovered. In one case the bromide was given, and the patient wrapped in a blanket wrung out of hot water; he recovered. In another case, the hot blanket was used in the same manner, with the effect of rousing the patient from a state of coma for a moment, but he ultimately died. No bromide was given in this case, as the patient was unable to swallow. In one case bromide was given in connection with the cold douche. In this case there was opisthotonus and greatly dilated pupils. The treatment seemed to relieve at first, but the patient ultimately died. In most of the cases the bromide seemed to act as a powerful diuretic.

"Autopsies were obtained in seven cases. The brain was much congested in six of these cases; in one it was apparently healthy. In five there was a moderate amount of serous effusion beneath the arachnoid and into the ventricles. The lungs were very much congested in every case. The heart was soft and flabby in four; healthy in three. In five the whole *intestinal canal* was very much congested, and presented numerous spots of ecchymosis. The mesenteric, solitary, and agminated glands were much enlarged and vascular. There were points of ulceration in the large intestine in two cases. There were in addition to these, quite a large number of cases admitted, complaining of headache, vertigo, etc., but not coming to the hospital until several days after they first felt the effect of the heat."

HOSPITAL NOTES.

By S. F. COUES, M. D.,

Surgeon, U. S. Navy, U. S. N. Hospital, Chelsea, Mass.

Syphilitic Iritis.

M. M., Fireman, age 25; Iritis. This was a well marked case of syphilitic iritis, the patient having been treated here for constitutional syphilis, a few months previous to this admission. He stated that the disease of the eye had been of some three weeks duration.

Pupil of left eye contracted; iris immobile,

congested, striated, of dull leaden hue; lymph deposited abundantly, especially about pupillary margin; a tubercle of lymph of rather unusual size below the pupil. Conjunctiva and sclerotic injected. Pain very acute, vision much impaired. Condition somewhat cachectic, no eruption remaining.

Patient was put in a darkened room. Full diet was ordered, and sol. of atropia gr. ss. to f. 3ij. dropped into the eye. Coll. of tepid water.

Second Day. But slight effect from atropia, which has been applied twice. Pain less; inflammation subsiding; same treatment continued.

Fourth Day. Pupil dilating, iris less turgid, atropia continued. Ordered potas. iodid. gr. x., three times a day.

Eighth Day. Effused lymph being rapidly absorbed; upper margin of pupil more clearly defined. Atropia dilates the pupil decidedly, but irregularly.

Thirteenth Day. Effusion much diminished; inflammation of conjunctiva less. Potas. iodid. continued, and slight influence of atropia kept up; Coll. of sulph. zinc.

Twentieth Day. Progressing favorably, lymph nearly absorbed, tubercle much diminished in size. No further treatment required.

Twenty-sixth Day. The deposit of lymph is entirely absorbed. The iris is somewhat irregular in the contour of pupillary edge, and has not regained its natural color; the pupil is slightly contracted. The conjunctiva becomes inflamed from trifling causes.

The patient was soon afterwards able to work, vision being quite perfect, and the form and color of the iris nearly natural. Within a few weeks, however, other symptoms of constitutional syphilis manifested themselves, which yielded readily to treatment; and the man was discharged to duty, *well*—after having been employed some months in the fire room of the hospital.

This case is interesting from the well marked character of the disease, its severity, its undoubted origin, and from the fact that recovery was speedy and complete without mercurials. Other cases of less severity I have found more obstinate, and have been obliged to have recourse to mercury. I have never seen so extensive a deposit of lymph in an iris as in the above case.

— GLAUBER SALTS FOR SPOTS IN THE CORnea.—M. LUCA, surgeon of one of the Neapolitan hospitals, says, in a communication to the French Acad. des Sciences, *en rerum*, the sulphate of soda in solution (in water), or still better in a fine powder, causes partial or total opacity of the cornea to disappear. The treatment must be continued for some time.

CASE OF GUN-SHOT WOUND OF LIVER.

By W. E. WHITEHEAD, M. D.,

Capt. and Surg., U. S. A., Washington Territory.

Case:—Francis H. V.—, aet. 22; born in England; occupation a sailor; height 5 feet 7 inches; weight 147 pounds; blue eyes; brown hair; was wounded by a pistol shot, (a slug weighing 82 grs.) on Monday June 3d, at 4 o'clock, P. M.; was shot from behind, ball entered $3\frac{1}{4}$ inches from a line drawn from the nipple of the right side to the superior spinous process of the ilium, and $5\frac{1}{4}$ inches from the right nipple, below, and posterior to the nipple. The slug or ball was removed by incision through the skin, at a point $2\frac{1}{2}$ inches from the median line, and $3\frac{1}{2}$ inches below the left nipple. At the time of the injury he bled very freely from the wound of entrance, and continued to lose considerable blood and bile till daylight next morning, when the hemorrhage ceased, but the flow of bile continues up to this time. I first saw the patient on Tuesday, June 4th, at half-past two o'clock P. M. He was quite feeble from loss of blood, breathing rapidly with slight spasm of the diaphragm, pulse small and frequent, 120 beats; tongue coated; skin of a yellowish tinge; extremities cold. Removed the ball at once; examined the wound and found the ball had entered on the right side, behind, and had taken out a small notch from the upper margin of the eighth rib, passed through the upper lobe of the liver, downward, forward, and toward the left side; passed out through the cartilages of the eighth and ninth ribs near the median line, and lodged under the skin $2\frac{1}{4}$ inches from the median line upon the eighth rib.

June 7th. The patient was brought a distance of fifteen miles in a boat, and left in the hospital at this Post. When seen at 12 M. he was somewhat excited and fatigued; tongue coated; pulse 110; pain and tenderness in the abdomen; vomited frequently, bile or whatever he took into his stomach; (this latter symptom had been persistent since the day of injury;) bile and serum passing freely from the wound. Wound to be dressed with dry lint; to take one-eighth grain of morphia in solution; was first put to bed in a cool, quiet room.

P. M. Better; stomach less irritable; had slept some.

8th. 7, A. M. Pulse 90; tongue coated yellowish-white; skin clearer; less pain over abdomen; bowels not moved since day of the accident; urinates freely, urine highly colored. Treatment, morphia sulph., in solution, one-fourth grain

every three hours; hydrarg. chlor. mit., gr. ij., pulv. Doveri, gr. iv., morning and evening. Diet, one raw egg and half-pint of milk in the twenty-four hours.

5, P. M. Pulse 105; tongue, moist edges, coated in the centre; bowels constive, urine free; vomiting ceased; skin warm; breathing less spasmodic, and respirations not so frequent; discharge from wound free, bile and serum.

*10th. 7, A. M. Pulse 90; tongue moist, more coated; skin natural; no pain, no vomiting; free discharge from wound of blood-clots, bile, and serum; slept comfortably; to have two boiled eggs and one pint of milk.

5, P. M. Pulse 95; tongue thick, white fur, moist; skin natural; no pain; at noon, had a free stool; faeces of a very light clay color.

11th. 7, A. M. Pulse 84; tongue furred white, moist; skin natural; bowels constive; urine free; wound clean; discharge not so free, bile and serum; breathing normal; slight ptalism. To take of hydrarg. chlor. mit., gr. $\frac{1}{4}$, pulv. Doveri, gr. v., at bed-time daily; sol. morph., U. S. P., f. 3*ij.*, ter in die. Diet, to have three boiled eggs and milk ad lib.

5, P. M. Pulse 88; tongue furred white, moist; skin natural; bowels moved, clay-colored faeces; urine free, paler; wound healthy, granulating; discharge same; vomited once; breathing natural; no pain; slight tenderness over small intestines.

13th. 7, A. M. Pulse 88; tongue furred white; bowels not moved; skin natural; breathing normal; no pain or tenderness; urine free and high colored; wound healthy; discharge free, more bile has been discharged since his gums have been touched; slept well; appetite good.

5, P. M. Pulse 94; tongue furred white, red edges; bowels moved once; skin natural; breathing normal; urine free, highly colored; wound healthy; discharge more free, more serum.

15th. 7, A. M. Pulse 88; tongue furred white; bowels moved twice; skin natural; breathing normal; urine free, same color; wound healthy, granulating; discharge less in quantity; more purulent.

5, P. M. Pulse 92; tongue furred, cleaning; bowels moved twice; urine free; skin natural; breathing normal; wound same; discharge more purulent.

17th. 7, A. M. Pulse 86; tongue furred white, moist; bowels moved once; urine free, color high; skin natural; breathing normal; wound healthy; discharge less in quantity, and not so

bloody; no pain; slept well; to have two eggs twice a day, beef-tea, f. 3 vi., once a day, bread, 3 ij., milk.

5, P. M. Pulse 90; tongue furred; bowels moved twice, clay-colored feces; urine free, same color; skin natural; breathing normal; wound healthy; discharge less bloody.

18th. 5, P. M. Pulse 94; Tongue furred, cleaner; bowels not moved; urine free, same; skin natural; breathing normal; wound healthy; discharge, more bile, no blood. To stop taking the hydrarg. chlor. mit., but to continue the sol. morph.

19th. 7, A. M. Pulse 86; tongue furred, moist; bowels not moved; urine free, same color; skin natural; breathing normal; wound healthy; discharge same; slept well; appetite good; to have five eggs a day, beef-tea, bread, and milk.

5, P. M. Pulse 94; tongue furred; bowels not moved; urine free; skin natural; breathing normal; wound healthy; discharge same.

21st. 7, A. M. Pulse 86; tongue furred, cleaning; bowels moved once, clay-colored feces; skin natural; urine free, color same; breathing normal; wound healthy; discharge diminishing, purulent; did not sleep very well.

23d. 7, A. M. Pulse 86; tongue cleaning; bowels moved once, freely, same color; urine free, paler colored; skin natural; breathing normal; wound, healthy granulations; discharge not so abundant, more purulent; slept well; appetite good; to have four eggs and one pint of beef-tea, milk, bread, ad lib., every day.

25th. 7, A. M. Pulse 94; tongue slightly furred; bowels moved once, freely, color same; urine free, paler; skin somewhat dry and hot; breathing normal; wound healthy; discharge same, less in quantity; slept badly; some indigestion and weight in the stomach; slight feverish condition—all caused by eating some pudding and jelly. Was ordered to fast till noon.

5, P. M. Pulse 90; tongue clean; bowels not moved; urine free, paler; skin natural, lax; breathing normal; wound healthy; discharge thick, purulent; appetite good; dyspeptic symptoms disappeared; feels very well; no pain or tenderness anywhere.

27th. 7, A. M. Pulse 80; tongue clean; bowels moved once, clay colored feces; urine free, paler; skin natural; breathing normal; wound healthy; and closed by elevated granulations, leaving a small channel for discharge. Discharge same, thick purulent; slept badly; complains of some tightness, on taking a deep inspiration; has no pain.

28th. 7, A. M. Pulse 84; tongue clean, moist;

bowels moved twice, feces darker colored; urine paler; skin natural; breathing normal; wound healthy; discharge less in quantity, thicker, less bile; pain complained of on inspiration gone; slept well; appetite good, to have six eggs, beef soup, milk, bread and tea; to sit up two to four hours a day.

30th. 7, A. M. Pulse 79; tongue clean, moist; bowels not moved; urine free, same color; skin natural; breathing normal; wound healthy; discharge much less in quantity till P. M., when a large and long clot was discharged, followed by a flow of bile, and purulent matter; slept well; appetite good, to have chicken and chicken soup.

July 2d. 7, A. M. Pulse 76; tongue clean; bowels moved once, slight tinge of yellow to feces; urine free, natural orange color; skin natural; breathing normal; wound healthy; discharge much less in quantity, thick, purulent; slept well.

4th. 7, A. M. Pulse 80; tongue clean, moist; bowels moved twice, color same as before; urine free, normal; skin natural; breathing normal; wound healthy; discharge not so thick, purulent, very slight tinge of bile; slept well; appetite good, to have chicken fricassie and vegetables; to take a walk in the open air, once or twice a day.

6th. 7, A. M. Pulse 76; tongue clean, moist; bowels moved once, feces slightly tinged with bile; urine free, normal; skin natural, moist; breathing normal; wound healthy; discharge thick, purulent, diminishing daily; slept well; appetite good, to have beef and vegetable soup.

10th. 7, A. M. Pulse 78; tongue clean and moist; bowels not moved; urine free, normal; skin natural; breathing normal; wound healthy; discharge, diminishing; slept well; appetite good, eats at general table, walks out daily.

12th. 7, A. M. Pulse 82; tongue clean; bowels moved freely, feces brown-colored; urine free, normal; skin natural; breathing normal; wound healthy; discharge very thick, streaked with bile; slept very well after a warm bath; present weight 116 pounds.

14th. 7, A. M. Pulse 84; tongue clean; bowels moved once; costive, but natural color to feces; urine free; skin natural; breathing normal; wound healthy; discharge thick, purulent, tinged with bile a little; slept well; appetite good; took a long walk, and had his photograph taken.

15th. 7, A. M. Pulse 84; tongue clean; bowels moved once; urine free, natural color; skin natural; breathing normal; wound healthy; discharge thick, purulent, about one to one and a

half ounces in quantity during the twenty-four hours; free bile discharged, and also mixed with purulent matter.

This P. M., went about fifteen miles, to a farmer's house situated on the Pacific Ocean shore, where the patient intends remaining till he is able to work. When last heard from, July 27th, he was doing finely, improving in flesh and strength. Discharge about the same, in quantity and quality, as when he left the hospital, July 15th.

The photographs show: No. 1. Side view, wound of entrance, No. 2. Front view, wound of exit.

FIG. 1.



FIG. 2.



TETANUS FOLLOWING ABORTION.

By Drs. A. A. THOMPSON AND J. A. MACLAY.

Of Newburg, Cumberland County, Pa.

Mrs. F., in eighth week of pregnancy, aborted August 9th, 1867. Profuse hemorrhage attended the accident. The tampon was used to control it, and was successful. The lochia followed regularly, continuing until the 16th. Some constitutional symptoms were present, as slight fever, want of appetite and constipation; these disappeared, and such were her feelings on the 7th day that she imprudently left her bed, exposing herself to currents of wind, loaded with moisture. The same day she took her meals in the basement. On the 17th she experienced a slight stiffness of the jaws. But merely considered it a slight cold. This condition gradually grew worse. On the 19th she was sent some volatile linament. On the 20th, her condition being alarming to her friends, she requested a visit. We found her jaws nearly locked. Opening by force one-eighth of an inch. Her tongue was stiff; the abdomen tympanitic; neck stiff; head slightly retracted; slight spasmoid condition of the muscles of the larynx. Great uneasiness in the precordial region. At this time we applied a blister to the neck to remain six hours, to be followed by a poultice. Internally, she took every two hours, opium, two grains, in combination with one grain of tartar emetic.

On the 21st, found her in bed, with all the symptoms aggravated. In connection with trismus, was complete opisthotonos. The abdomen very tense. The bowels obstinately locked. Despairing of our remedies, which in this disease had so often failed, we determined, on the 23d day of August, to use tinct. cannabis indica, beginning with thirty drops every half-hour, until sixty drops had been reached. The first night she slept three hours with a little disturbance. On the 24th, she rested poorly. On the 25th, we discontinued its use, for the paroxysms were apparently more numerous, and the sufferings more intense. On the 26th, the constipation was relieved by an enema, which produced a small discharge, accompanied by a great rush of gas. Wine-whey and beef-tea were used to support life. The bowels rapidly became tympanitic again. At a consultation, on the 26th, with Dr. HAYES, he recommended an infusion of valerian, but without any effect. On the 1st of September, Dr. GROVE, of Springfield, in consultation, advised the re-trial of tartar emetic, which we again used, at the same time employing sulphate of quinia hypodermically. We employed these

remedies, exhibiting every two hours, the first in half-grain doses, the latter in one-grain doses; her condition at the same time, and the repugnance to medicine, becoming very serious.

On the 5th of September her condition was such that we waited hourly for the end. Her body was very rigid. She begged us to destroy her. The pulse was 160, very quick and intermitting. Paroxysms occurring every few moments. Urine escaped involuntarily, and deglutition was impossible. It was at this time we suggested the use of chloroform by inhalation, at the same time warning her of the risk. She cheerfully consented to its use. We then administered two drachms of chloroform by inhalation, allowed her to remain quiet for twenty minutes, and then aroused her. Deglutition was slightly possible, and we gave her two grains of opium. There was a partial return of the spasms, which was subsequently relieved by a second administration of the anaesthetic. Under the combined influence, she slept for five hours undisturbed. Without the relaxing effect of chloroform, the exhibition of opium would have been impossible. With it we obtained most excellent results, for the mouth slightly opened, the paroxysms occurred less frequently, and she experienced great relief. On the 6th and 8th, the treatment was the same. The idiosyncrasy of the patient prevented the further use of opium, which was replaced by fluid ext. belladonna, in forty-drop doses, until the pupils were dilated. This had an excellent effect. We continued the use of it, as symptoms indicated, for a week. She is now rapidly convalescing. This condition was shown by a general feeling of formication, and a great flow of saliva. She is now able to roll her head in any direction, is regaining power in her back, can use her limbs and arms, drinks water from a glass, can eat soft-boiled eggs, game, rice, etc., with great ease. Articulates distinctly. The spasm of the spine is slow in disappearing. On the 17th of September, was able to sit up for two hours, which she has been able to do since that time. On the 22d, with a little aid, she walked from her chair to the bed. She is rapidly convalescing, having no return of the spasms.

Red Ink.

Red ink, which, it is said, will not lose its beautiful bright color after hundreds of years:

R. Best cochineal carmine, gr. iv.

Liquor ammonia, 3iii.

Gum acacia, gr. x.

First put the carmine and liquor ammonia into a suitable vial; then add the gum acacia, and allow it to dissolve, when the ink will be ready for use.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
September 21st, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Scrotal Hernia.

John S., *æt. 2 years.* This child has had a scrotal swelling since he was three months of age. It was very small at first. It extends high up in the groin, and is pyramidal in shape, with the apex presenting downward, corresponding with the free extremity of the swelling. On applying the finger it sinks into the tumor, on removing it, there is a reproduction of the swelling. When the child cries it becomes very stiff, enlarges and becomes erect as it were. The testicle can be felt at the lower extremity of the tumor. There is no translucency present.

If this swelling were a hydrocele translucency and fluctuation would be observed, there would be no diminution under pressure, no increase under the cries of the child, and the testicle would not be situated, as in this case, at the bottom but at the posterior portion of the tumor, some little distance above the inferior extremity, about the junction of the middle with the inferior third.

This affection is a scrotal hernia, originally inguinal, as all hernias which come down into the scrotum must be. It contains a portion of the small intestines, possibly also a part of the omentum, which protruded through the external ring when the child was three months of age, and continued to increase to the present time, in consequence of a want of proper treatment and which, if allowed to progress, will progress downwards to the knee, reaching perhaps ultimately that point.

The hernia is evidently reducible from what the mother states. The proper remedy is a truss well constructed, well applied and carefully worn. A truss with a wooden block was ordered for the child. The case is a bad one on account of the large size of the opening.

Abscess of the Cheek.

Wm. G. R., *æt. 8 years.* This child has been affected for four months with a swelling on the right cheek. Sometime previous to its appearance the part was bruised by a fall. There is no defect on the part of the teeth. Not unfrequently it happens that the teeth in a state of decay, caries or necrosis, are the cause of swellings upon the face in this portion. There is evident fluctuation. It is doubtless a chronic abscess, provoked by the injury which the child received four months ago. It has somewhat the appearance of a sebaceous tumor, but this is a situation in which that class of tumor is rarely met with, neither would a sebaceous tumor have attained so large a size in so short a period, nor would there be so much discoloration of the skin as is here present.

The abscess was opened, the pus evacuated through a small opening, and the extremity of

the knife handle introduced to scrape the cavity, so that alterative inflammation might be set up. As the skin was found to be undermined, completely separated, it was removed. Thus much less of a scar will follow than would have resulted if it had been allowed to remain. Whenever the skin is completely dissected off from the parts around, when all the cellular tissue by which it is connected to the subjacent structures is effectually destroyed, there is no hope of anything like satisfactory union to the parts beneath. A dressing of simple cerate was ordered to be renewed four times a day. If the abscess had been simply opened and the surface not scraped, a very long time would elapse before a cure would be effected.

Keloid Tumor on the Ear.

Susan R. set. 19. This young woman, a mulatto from Bermuda, has been laboring under a keloid tumor situated on the lobe of the left ear, mainly, for three years. Its formation was consequent upon the perforation of the ear with a view to the wearing of a ring, a frequent exciting cause for this affection.

Yesterday afternoon, Professor Gross stated, he saw in a young married woman from the interior of this state, a keloid tumor lying immediately in front of the sternum. It was originally very small. After it had attained the volume of a split pea, it was removed by a physician. During the process of cicatrization the keloid formation recommenced, and now the tumor is at least eight or ten times as large as it was prior to the operation, performed only a comparatively short time ago. In speaking to her of the peculiar nature of these tumors, Professor Gross mentioned casually that they were occasionally ingrafted upon the scar left by vaccination, when she immediately said she had one on her right arm, precisely at the spot of the vaccination scar.

These tumors, originally described by ALIBERT of Paris, derive their name from the fact that in some portions of the body they resemble very much the claw of a crab. They consist essentially of fibroid or fibro-plastic matter, presenting under the microscope all the characteristics of a fibroid tumor. They belong to that class to which the term recurrent has been applied. Often when most carefully removed the operation will be followed by a return of the disease.

From what Professor Gross has seen of this growth as it occurs in the ear, he thinks it is more common in the colored race than in the white. This is the fifth or sixth case of this kind he has seen in this situation, produced by the perforation of the ear for the purpose of wearing a ring.

The patient was placed under the influence of chloroform and the tumor carefully removed, the wound being closed by four stitches.

Epithelial Tumor on the Back.

Jno. McF., set. 45. This man has had a small tumor on the lower portion of the back, over the spinal column, for five years. It projects a few lines from the level of the surrounding surface, has a scab upon its centre, the skin covering it is discolored, and the tumor as well as the parts upon which it is situated feels very hard. It

bled frequently formally but has not done so of late. The scab comes off from time to time and is renewed. There is some little stinging, itching pain in it.

This tumor is evidently epithelial in character. It looks as if it might be fibroid, but from the fact that it has been growing very slowly for four or five years, and has taken an ulcerative action, the inference is not of such a nature. A fibroid tumor grows with greater rapidity than this has done, and does not take on ulceration, especially in its earliest stages.

The tumor was removed with the knife, and the wound closed by two twisted sutures. The pins should be retained after operations performed in this part of the body for five or six days, or a week, because of the great amount of motion to which the parts are subjected. No other dressing will be required. The pins were covered up with adhesive strips.

EDITORIAL DEPARTMENT.

Periscope.

Gonorrhœal Rheumatism.

The following case of gonorrhœal rheumatism, with treatment, by WAYNE GRISWOLD, M.D., appears in the *Western Journal of Medicine*:

Called to see Mrs. ——, February 18th, 1867. She lives in the country; is a farmer's wife; had generally been healthy; strumous taint in the constitution. Age 40 years; light complexion, light-colored hair, blue eyes, and tolerably fleshy. When her husband came for me, he told me his wife was very sick with rheumatism; had been bad for two weeks. I also found she had been under the care of a quack.

I found her in bed, unable to move, with the right knee extensively swelled; very tender to the touch; moaning with excruciating pains; increased heat, but no redness of the skin. Could not move the limb; the knee was large and white, but intensely tender and painful, resembling in appearance more an indolent white swelling than rheumatism.

The pulse was one hundred, and irritable; tongue white; bowels had been moved; water high colored, containing an excess of lithates, some pain and burning on passage of water. Upon inquiry I found there was some vaginal discharge. At first I could not satisfy my mind what ailed the woman. There were severe inflammation, great swelling of the knee, presenting all the local phenomena of rheumatism except the redness of the skin, and the unusual fulness and roundness of the joint, more so than are generally found in rheumatism. The pain, tenderness, increased heat, swelling and redness of the skin, which characterize rheumatism, were all present except the redness. Any attempt to move the limb, or the slightest pressure, was extremely painful.

She had been growing daily worse for two weeks. I reflected some time upon the case be-

fore I could make out a diagnosis. Here was an elegant farmer's wife, in easy circumstances, living ten miles from town. Could she have gonorrhœal rheumatism? I know "this is a sad wicked world."

After many inquiries, I told her she had not given me all the particulars of her case. She said I had better call her husband in, that he could explain the matter better, which I did. He informed me that some six weeks before he had been East with a drove, and had returned with a gonorrhœa, and probably had given it to his wife. This information filled up all deficiencies in the case. The diagnosis was full, complete and plain.

Treatment. One of the following powders was given every four hours for two days:

R. Potassa nitratas, gr. cxx.
Hydrg. cum creta, gr. xxiv.
Morphias sulph., gr. ii.
Ft. pulv. No. xii.

After which the powders were continued every six hours, leaving out the hydrg. cum creta, with the following in teaspoonful doses between the powders:

R. Potass. iod., gr. clxxxix.
Aqua puræ, ʒi.

Local Treatment. Large blisters to the knee, first below from the centre down and around the limb, then above. These were kept sore by the use of the calomel and iodine ointment. This treatment was continued for five weeks with slight variations. The vaginal discharge was let alone, except the use of soap with injections.

After the reduction of all active inflammation, and the cessation of all pain, and much of the tenderness, the knee was painted daily with the following compound:

R. Collodion, ʒi.
Iodine, gr. xxx. M.

By the evaporation of the mixture a perfect cap was formed over the entire joint, pressing equally upon all parts, and it also contained one of the best sorbafacients we have. Over this a bandage was applied to aid in constant pressure over the knee. Under this treatment the effusion was rapidly absorbed.

The general treatment was also changed at the same time to the syr. fer. iod. and cod-liver oil.

During all the treatment, I generally gave a free dose of quinia about 5 o'clock, A. M. I seldom treat any severe or obstinate disease that I do not give one or more doses of quinia early in the morning, at the time when the vital forces are at the lowest point. And we have no medicine or stimulant that acts so directly upon the nerve centres, creating nerve force, not only upon the nerves of sensation and volition, but upon the nerves of organic life.

After the reduction of most of the swelling, narrow strips of blister plaster were applied around the joint for some time, to reduce the thickening of ligaments and tendinous portions of muscular attachments around the knee, at the same time using gentle motion.

An injection of zinc sulph. checked the vaginal discharge. It had nearly ceased before

This was the general course of treatment persevered in up to May 12th, when the case was dismissed. She being able to move about with a staff, felt quite well, had gained several pounds of flesh during the last month, could extend the limb within a few degrees of straight, and flex it so as to walk comfortably. The effusion was entirely gone, yet there remained some thickness of the ligaments of the joint, with a good prospect of entire use of the joint.

Subcutaneous Incision in Carbuncle.

The Paris correspondent of the *British Medical Journal* makes the following remarks on this method of treatment:

"I have had several opportunities of seeing, at the Hôpital St. Louis, in the service of M. GUÉRIN, cases of anthrax, more or less grave, treated by his method of subcutaneous incision. This proceeding counts many partisans among us. It consists in plunging in the centre of the anthrax a straight bistoury, which is immediately insinuated on the flat under the skin beyond the limits of the swollen part; and, as soon as the limit is passed, the cutting edge of the instrument is turned towards the deeper parts, to incise them from the circumference to the centre, till the sensation felt indicates that resistance is overcome. This first incision only indicating one radius of the diseased surface, three others are made, which converge towards it to the point at which the bistoury was introduced. When the integuments offer a mortified point, or an orifice, it can be used for introducing the instrument, without its being necessary to divide the skin to however slight an extent. The success of this operation, says Dr. GUÉRIN seems to solve the question of the seat of anthrax; for, if it be practised at the outset of the malady, it arrests the march of it, and opposes the mortification of the skin. Often the cellular tissue suppurates, and is eliminated under the form of a 'core,' while the skin presents no alteration. The subcutaneous incision of anthrax has the special advantage of relieving the patients from the liability of erysipelas and to purulent infection. Besides, this means is not very painful; for it spares the skin, which is of all the tissues that of which the incision produces the most pain. Finally, it does not give rise to a deformed cicatrix—a consideration which is not to be disdained when the anthrax is seated on the face or any other uncovered part of the body. After the incision, emollient poultices are applied; and in all cases the cure occurs more quickly than by any other treatment."

Treatment of Cancer.

The Parisian surgeons have recently been experimenting with a new application to cancerous sores.

"According to several practitioners, experience is very favorable to the employment of azotite or ammoniuret of copper, recommended recently by M. CHAPELLE, in the treatment of cancerous affections. This agent is said to have no action on the healthy tissues, while it rapidly disorganizes cancerous surfaces. It has, besides, the ad-

vantage of calming the pains and diminishing the futility of the ulcers. The azotite of copper is employed in solution; and it is necessary to continue its use during several months."

Reviews and Book Notices.

NOTES ON BOOKS.

The subject of electrolysis as a means of treating aneurisms is discussed in an interesting monograph by Dr. DUNCAN, reprinted from the *Edinburgh Medical Journal*. He mentions one case of carotid aneurism successfully reduced by this means. Dr. THOMAS READE, of London, has collected and published in book form a number of papers contributed to the *Dublin Journal of Medical Science*, on "Syphilitic Affections of the Nervous System." It is a topic of great importance, not hitherto properly appreciated. Another contribution to syphilography is the "Report and Evidence of the Venereal Commission" appointed by the British government. It is a volume of considerable bulk, setting forth the views of most of the leading authors on the much vexed questions it treats of, but, notwithstanding its size, is offered for the moderate sum of four shillings, by ALLEN & CO., Waterloo Place, London.

A Thesis just published in Paris, by one of the graduating class, a Persian, commences in the following style: "Eternal glory to Nasser Ed-Dinu-Padischah, whom the people admire, and to whom the West yields justice." But in spite of such a formidable exordium, it was sustained, according to the *Moniteur*, with remarkable success.

Dr. FLETCHER's "Railways in their Medical Aspects," recently published in Great Britain, is, doubtless, a manual of value.

Dr. A. BASTARD has published in Paris an étude on the treatment of the curious disease, quite common in Picardy and other departments of France, called *la suette miliaire*. It is an eruptive fever, of four to eight days duration, characterized by a papulo-vesicular eruption the size of a grain of millet, (whence the name, which is *not* to be translated "the military sweat," as one of the Paris correspondents has it,) and profuse perspiration. The treatment he recommends is the warm bath.

A "Contribution to the Etiology of Goitre and Idiotism," is announced from the pen of Dr. E. BARON.

The Society of German Physicians of Paris have compiled a valuable little work, called "La Med-

ecine à l'Exposition," describing everything of medical interest in the Great Show.

The second number of the "Quarterly Journal of Psychological Medicine and Medical Jurisprudence," edited by Dr. WM. A. HAMMOND, has reached us. It is more to the purpose than its predecessor. The leading original article is by Dr. S. B. HUNT, on "The Negro as a Soldier." It contains some new and important facts, bearing on the relation of races. On the whole, it is favorable to the black man. We are surprised, however, that Dr. HUNT should follow MORTON in craniology, whose reveries have long been set aside by WILSON and MEISS; and also that he should persistently spell Toltec, *Toltecan*, or set any store at all by that obsolete antiquarian theory of MORTON'S. The second article is a "Review of the Trial of MARY HARRIS," by Dr. R. L. PARSONS, the lady who, it will be remembered, shot the clerk BURROUGHS, in the Treasury Department. It asserts her insanity, and states that she is now a patient in a lunatic asylum. "The Dangerous Classes of the Community," by Dr. T. E. CLARK, is a rather vague article on the physical predispositions to depravity. In his definition of the will he falls into the error, (so lucidly pointed out by GUIZOT in the fifth chapter of his *Histoire de la Civilisation*,) of confounding it with antecedent causes and conditions, and is hence drawn toward a doctrine of necessity, and to the conclusion that "the will depends upon the nature of the individual."

The selections on "Suicidal Monomania," "On Drawing," and on the "Application of Electricity to Therapeutics," are judicious and well translated. The "Psychology of Celibacy" sounds a trumpet of warning to old bachelors. Not only do they die sooner, but more of them go crazy before they do die, than married men.

The Journal is a novel feature in our literature, and deserves the support of the profession.

Hufeland's Art of Prolonging Life. Edited by ERASMUS WILSON, F.R.S. From the last London edition. Philadelphia: LINDSAY & BLAKISTON. 1867. 1 vol., 12mo., cloth., pp. 298. Price, 1.25.

CHRISTOPH WILHELM HUFELEND died full of years and honors, at Berlin, 1836. Chief Physician to the King, member of the Council of State, Professor of Special Pathology and Therapeutics in the Universities of Jena and Berlin, and seventy-four years of age at his death, he was a living proof of the wisdom of those maxims which he recommended to the world, to ensure a long and happy life.

The present volume is an abridgment of a

work he wrote in his thirty-second year, entitled "Macrobiotics," and designed to instruct men in the art of preserving their physical and mental health. Probably of all the works on popular medicine it has been the most successful. In 1797 it was translated into English, Mr. Wilson thinks by the author himself, and this translation it is which is now presented to the American public, with such omissions and notes as may be required by the advance of science. Yet it humbles amazingly our estimate of this advance, when we compare this work of the last century with the latest advice on the same subject,—for example, the charming essay of M. FLOURENS, *De la Longevité Humaine*. Of the two, the older is the better book.

It is divided into three parts. The first reviews the various means by which men have sought to preserve life and health; the second treats of those indulgences and bad habits which shorten life; the third lays down the various physical, mental, and moral precepts which we must observe, in order to gain that advanced age and thorough condition of health, to which we are as a species rightly entitled.

We hope the work will have an extended circulation, both in and out of the profession, not merely because its advice is so sound, but for another reason,—for the impress of a high and noble nature, which is everywhere conspicuous throughout its pages. It is to be regretted that the editor says nothing whatever about the author's life, except that he was "Professor of Medicine at Jena." In fact, he was one of the finest characters that ever ornamented the healing art. He looked on it as a mission rather than a trade; and he proved by his life that the following apostrophe to the physician, which we quote from another of his works, however mediæval it may sound to the fashionable selfishness of to-day, was to him a living truth:

"Thine is a high and holy office. See that thou exercise it purely, not for thine own advancement, not for thine own honor, but for the glory of God and the good of thy neighbor."

Woman's Rights. By Rev. John Todd, D. D., Boston: LEE & SHEPPARD. 1867. pp. 27.

This is an attack on those who would make woman self-supporting, and allow her, if she wishes to, to provide for herself in some way besides by marriage and prostitution. The author grants that the *mind* of woman is equal to man's, but would close to her the avenues of active life for two reasons: because her physical organization is too feeble to endure hard labor;

and because "God never designed her for them." The latter reason is reiterated so frequently, that the reverend author must be of the opinion of Col. FOUGAS, in ABOUT's novel of "The Man with the Broken Ear," where he exclaims, "God and I understand each other." As for the other reason, the physical inferiority, the author overlooks the facts that in Central and Northern Europe, women do by far the hardest work of all kinds, that in savage nations they often surpass the males in endurance and strength, and that they are discouraged by preceptors like himself from acquiring the bodily stamina they should rightfully have. They should not vote, he argues, because they do not acquire property; they do not acquire property, one might suggest, because they have not the chance. We have no especial sympathy with the Dr.'s opponents, but his arguments have a ludicrous resemblance to the admonition of the mother to her son: "Never enter the water, my boy, till you have learned how to swim."

A Biennial Retrospect of Medicine, Surgery, and the Allied Sciences, edited by Mr. H. POWER, Dr. ANSTIE, Mr. HOLMES, Mr. THOMAS WINDSOR, Dr. BARNES, and Dr. C. HILTON FAGGE, for the New Sydenham Society. Philadelphia: LINDSAY & BLAKISTON, 1867. 1 vol. 8vo. pp. iv., 522. Price, \$3.50. Cloth.

The REPORTER has already noticed the publications of the New Sydenham Society, and recommended them warmly to the medical profession in this country, on account of their practical character and sterling merit. The present work is a republication of the Retrospect of Medicine, which that society has been accustomed to edit annually, but in this instance as a biennial volume. It comprises eight reports on the following topics: Physiology (33 pp.); Practical Medicine (160 pp.); Surgery (160 pp.); Ophthalmic Medicine and Surgery (15 pp.); Midwifery and the Diseases of Women and Children (65 pp.); Medical Jurisprudence (37 pp.); Materia Medica and General Therapeutics (13 pp.); Public Health (14 pp.) Necessarily in these limits, great brevity is required, and the success with which the principle achievements in our science, which have been made in the years surveyed (1865, 1866) have been embraced, is in the highest degree creditable to the compilers. The arrangement is different from the previous year-books of the Society, and the change is for the better. Among the topics treated of with considerable fulness are local anaesthesia, endoscopy, acupressure, the graphic method of examining the organs of circulation, electro-therapeutics,

sub-periosteal resection, physiological tests for poisons, the determination of blood stains, and others, all of which every intelligent medical man wishes to hear the last word concerning.

While we cannot say too much in praise of this Retrospect, we are in duty bound to express our regret at its publication for one reason. It will prevent the New Sydenham Society from receiving some support that it otherwise would have obtained from the United States. It is another violation of the rights of authors, which all liberal and good men should strive to put a stop to by advocating an international copy-right law. We believe that the society derives not one penny of advantage from this republication (if we are in error, we shall be glad to be corrected) and it is a shame that their labors, given almost or quite gratuitously, should have their reward still further diminished in this manner. Of course the plea of custom can be offered, but we have yet to learn by what process of logic, usage can sanction an infringement of natural right.

Transactions of the Medical Society of New Jersey. 1867. Newark, N. J. 1 vol., pp. 382, paper.

After the minutes of the last meeting, a roster of surgeons and assistant surgeons of New Jersey volunteer regiments is given, followed by some reports of delegates, etc.

The address of the President, Dr. B. R. BATeman, is on Cholera, and contains a review of the prognosis and treatment of that disease. He makes use of the adjective "choleratic," instead of the more usual "choleraic," which strikes us as a neologism.

Dr. J. V. SCHENCK follows with a brief account of a case of thrombosis, apparently occluding the leading arteries of all the four extremities, accompanied with (fatty?) degeneration of the heart. The patient was in childbed. The case is a striking one, but the cadaveric examination was less complete than we could wish.

The two subsequent articles—that by Dr. E. M. HUNT, on the Public Health, and the History of Essex District Medical Society, by Dr. J. H. CLARK—have already been noticed in the REPORTER.

The Standing Committee's report surveys the health of the State during 1866. It reports "about three hundred" cases of cholera, treated chiefly with opium, camphor, calomel, and stimulants, with the usual negative results; though from a formula given (p. 224)—"Tr. opium, tr. camp. and capsicum, equal quantities, to be given in ounce doses, p. r. n."—as "very effica-

cious in diarrhoea," we should think the results would have been alarmingly decided!

Malarial diseases seem rather increasing in frequency throughout the State, and some observers note a malarial phase in most diseases, rheumatism, typhoid fever, etc., indicating a call for quinia. Scarlet fever was rare, and was satisfactorily treated with sulphite of soda. The bromides of potassium and ammonium are lauded as of great efficacy in hooping-cough, and one instance of epilepsy yielding to their combined action in BROWN-SIEQUARD's formula, is given.

The reports of District Societies, from which that of the Standing Committee is compiled, close the volume.

Hudson County, N. J. Medical Society.

This Society held its regular monthly meeting on Oct. 1st. Nine of the members were present. The Committee appointed at the last meeting to examine and report upon existing laws of the State with reference to the practice of medicine, made their report, recommending that the subject be urged upon the attention of the State Society, at their next annual meeting.

Dr. CULVER related the history of a singular and fatal case of choleric dysentery, supposed to have originated from the noxious gases generated by an animal in a state of decomposition.

Dr. BARRICK reported a very rare case of complete lateral dislocation of the elbow joint.

Dr. CHABERT exhibited a specimen of tenia larva eleven feet in length, entire, expelled from a patient by the use of three capsules of Dippell's animal oil.

E. W. BUCK, M.D., *Secretary.*

Animal Pathology.

At a recent meeting of the Boston Society of Natural History, "Dr. ANDREW GARRATT exhibited a bony mass taken from the interior of the heart of a right whale; it was attached by two knoblike projections to the base of the valves, and hung free in the cavity of the heart. On examination, Dr. J. C. WHITE had found it to be composed of an external shell of fibrous tissue, dense and glistening like parchment, and an interior spongy mass of a brownish and somewhat fatty substance; it seemed to be a coagulum of fibrine, or possibly a pathological growth from the valves of the heart."

"Some notes of a visit to the Pinjrapal, or animal hospital at Bombay, were read by Mr. W. T. BRIGHAM. A space of six or seven acres in the heart of the city was enclosed, and divided into wards, for the reception of the sick and helpless animals; cattle, deer, dogs, goats, monkeys, and even tortoises, had all their separate abodes; fish, too, rescued from impending death by the pious Hindoos, whose religion forbids the destruction of animal life, swam unmolested in their proper tanks. No surgical aid seemed to be given, but the animals were well fed and cared for by a large staff of attendants or nurses. There are several of these establishments in India, supported by the donations of wealthy Hindoos."

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 12, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Notice to Subscribers.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the REPORTER. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

LOUISVILLE, KY.

Dr. COLEMAN ROGERS has very kindly consented to represent the interests of the REPORTER in Louisville, Ky. He will procure material for its pages, as opportunity may offer, and will also receive subscription money from any who prefer to pay him rather than forward it through the mail. We have a large number of subscribers in Louisville and vicinity, and they can communicate with us at any time through Dr. ROGERS.

WANTED!

The unexpectedly large demand to supply new subscribers from the commencement of the current volume, has nearly exhausted our supply of several numbers. We will pay ten cents each, or give credit on subscription for any of the following numbers: 540—543—546—547—548.

See also in the advertising columns a list of numbers wanted.

PATENT RIGHTS.

The letter of Dr. PRINCE on this subject seems to require a reply from us in self-defence, as well as defence of our position on the subject of patent medicines. We were astonished that he accused us of insinuating that the article in the seventeenth volume of the Transactions of the American Medical Association "crept into the volume in some sly way," and we doubt whether any fair construction could derive this idea *from our words*. We can easily imagine how it could have arisen. We have before us an official letter from the Secretary of the Association to the Secretary of one of the county societies of this State, in which, speaking of the Report on Patent Rights among medical men, the writer says:

"I do not think the report had been read by any one but its author prior to its being published, and I did for a time contemplate its withdrawal on my own responsibility,—a course which I now regret I did not pursue."

This is a delicate subject, not relevant to the argument, and to which we shall not recur. Enough that if we *did* entertain such an idea, it was not without some supposed reason.

The argument drawn from the copyright, as we before showed, is inapplicable, as the only valuable part of the book—the new ideas it contains—can no more be copyrighted than a mechanical principle can be patented. It indicates a misunderstanding of the *relation of facts* to ideas to attach weight to this custom. There is no analogy, as a little reflection will show. No beneficial discovery is limited in its usefulness by the copyright. The analogy is to the *specification* of the patent. If this were copyrighted, it could not be reproduced as it now is without permission, but the *invention* would be free to all.

However "absurd" it may be, however characteristic of the "dark ages," we boldly confess to believing that the medical profession is "higher in the principles of its organization" than that of blacksmiths and wheelwrights. The physician who sees in his occupation nothing but a trade, a way of getting his bread and butter, a muck rake to scrape up gold, who acknowledges no enthusiasm in his soul for the relief of human suffering and the elevation of mankind, even where it does not put money in his purse, whose eye does not occasionally grow too dim to watch "the main chance," when he witnesses the sorrows of even his "charity jobs," such an one, though shining ever so distinct "in the light of the nineteenth century," we are obliged to say we cannot gaze upon as a model of his calling. Sadly behind hand as we are in this point, we have no thought of changing our mind; and in spite of our correspondent's opinion, that such notions are "nowhere acted upon, and only professed in the code of ethics and the fustian of public addresses," we are innocent enough to pin our faith to the belief that many hundreds, ay, thousands, of the medical men of America, live, and work, and die, under the full influence of just such notions. May their numbers never grow less!

That patenting prevents the manufacture of worthless machines, is an argument so easily refuted by an examination of hundreds of washing machines, mowing machines, sewing machines, etc., that its weight is of the lightest. That as a rule the workers in the department of invention starve, is a question of fact, which can best be settled by running over in one's mind the most valuable kinds of surgical apparatus, *not patented*, and asking the fortunes of their inventors. Nine-tenths of them, we shall find, were

first used by surgeons enjoying an extensive *paying practice*. Because numbers of distinguished surgical inventors are poor, and die poor, it is no sign that they do not have fine practices; the *post hoc* is not the *propter hoc*.

In fine, the whole argument which seeks to justify the granting of monopolies to assuage human pain, and diminish disease and death, which would render such blessings scarce or dear, is avowedly based on an appeal to the lowest motive that can actuate a man—the greed of gain,—is utterly subversive of those aspirations and that professional ideal which the best minds in our avocation have sought to inculcate from the remotest times, and if carried out would prove eminently injurious to the commonwealth and the race. It is a part of that materialism which despises philanthropy, and sneers at the teaching of Christ as impracticable dreams. There is no danger that physicians will hurt themselves by too much love of their neighbor; that is an error not in the least likely. The danger is the other way, with them and with all. The apostle who goes about warning men of the danger of too great unselfishness, of too pure thoughts and actions, of indulging too freely the best and noblest maxims of philosophy and religion, no matter how radiant he may be in "the light of the nineteenth century," cuts in our eyes a shabby figure, and the light he rejoices in is quite as likely to come from 'tother place as from heaven.

But yield the position that the usual laws of trade should apply to the medical profession, and whither does it lead? Why not advertise by the column, proclaim our cures, publish long lists of names, shout out our patented medicines, descend to every "trick of trade," so long as it does not send us to the penitentiary, as others do? It is because those who have reflected on the matter most maturely, have seen that the moment the healing art recognizes no higher law than commerce does, then all distinctions between quackery and ability, empiricism and science, fall to the ground, that they have uniformly thrown the weight of their influence against such views.

Let physicians beware how they seek to degrade their calling. Let them, for their own sake, guard against prosecuting it as a common trade, and undervaluing those higher motives which ever since the days of HIPPOCRATES have been thought peculiarly proper for the healer, for in so doing they will damage most disastrously their own interests, and render futile for good half the conquests we have wrung from reluctant nature.

MEDICAL LAWS.

A valuable work has lately been published in Stuttgart, treating of the regulations adopted to preserve the public health in different European countries. The author is Dr. L. STEIN, and it comprises the third part of his work on the internal administration of states, (*Die innere Verwaltung. III Theil. Das öffentliche Gesundheitswesen, etc.*)

From a brief review in the *Nation*, we learn that he divides the regulation of the public health into a preventive and a remedial department. The first embraces quarantine and general hygienic regulations, the restrictions laid upon the sale of secret and patented medicines, the sanitary provisions of cities, houses, and public buildings, rules in reference to burials and cemeteries, and labor of children, etc. The second describes the laws in different countries addressed to physicians, apothecaries, nurses, and persons connected with hospitals, asylums, etc.

"In France and Germany the governmental administration of the public health is regarded as almost perfect, and likewise the supervision and restriction of physicians and druggists. Without the study of medicine for not less than four years, hospital practice of one year, and a doctor's examination, nobody in either of these two countries is admitted to practice. In England no formal examination is prescribed, and the acquisition of the doctor's degree is free. Nine medical corporations in that country are exclusively entitled to have their fellows and licentiates acknowledged as physicians. The only security against incapacity is given by the registration of those physicians in a medical register, subject to the General Council of Medical Art. In France, Holland, and Germany apothecaries are only admitted to make prescriptions after several years' study of pharmacy and an examination. Drug-stores are subject to regular visitations and the sale of patent medicines is prohibited. In England there is no legislation about this matter."

We should imagine that the study of such a work would greatly aid our legislators in regulating the profession. But who is so visionary as to suppose a legislator would seriously study a work on political economy?

LEAD COLIC TREATED BY COLD.

The topical application of cold in lead poisoning has been tried in Clichy, by Professor MONNERET in over forty cases with complete success. Iced drinks and injections, the cold shower bath two or three times a day, and ice bags or ice poultices (of fragments of ice laid in dry linseed meal) are used. The pain and other symptoms disappear "as if by enchantment," and in two or three days the bowels are natural.

Notes and Comments.

The Sanitary Condition of Cities.

The Netherlands Government has made a call on our Government for information on the management of the sanitary affairs of our principal cities. The Secretary of State has therefore sent a circular to the several Mayors, calling for the data necessary to respond to the call. We trust that the matter will receive the earnest and prompt attention of our City Boards of Health, and that full information will be given on the subject, and although some of them may not have much that will be useful to impart, something may be gathered from the aggregate that will add to the general good when the Netherlands authorities sum up the results. In his circular the Secretary of State says:

"It is desirable that the fullest and most precise information on the subject of all precautionary measures, and sewerage, and the methods of drawing off or removal of all fecal and filthy matters, and any description of the organization, workings, and functions of the Boards of Health, should be embraced in the collection to be made. I will, consequently, be greatly obliged for any information, published or otherwise, which it may be in your power to furnish, bearing upon these subjects; and as the government of the Netherlands contemplates making a thorough study of the question of improving the salubrious condition of cities, when such information from the principal countries shall have been accumulated, it is probable that the results of these investigations will be beneficial to all. The well-known thoroughness and ability with which the Netherland authorities conduct such matters, renders it desirable that these investigations should be fully accurate."

Muriate of Ammonia in Senile Gangrene, and Tetanus.

Senile gangrene has been treated with remarkable success by Dr. CHARLES GRU. He plunges the limb into a foot-bath containing about a half pound (250 grammes) of muriate of ammonia, and retains it there for several hours. Fomentations of the solution are constantly applied on the exterior. Under this application the normal heat and color of the limb gradually return.

In tetanus it is recommended in doses of two or three drachms a day in large quantities of water. It brings on an abundant diaphoresis, with which critical evacuation the disease is said to yield.

The managers of Bellevue Hospital have appointed Wm. A. HAMMOND, M.D., late Surgeon-General of the Army, to take charge of the department of diseases of the mind and the nervous system in that institution.

Correspondence.

DOMESTIC.

Dysentery in Tuscarawas County, Ohio.

EDITORS MEDICAL AND SURGICAL REPORTER:

I will attempt to interest your readers by giving my treatment in epidemic dysentery as it occurred in the southern part of Tuscarawas County, Ohio. In the majority of cases there was undoubted evidence of hepatic derangement; and those of us who dreaded mercurials altogether, lost about two-fifths of their patients in this epidemic. The history of two cases will be sufficient.

August 9th, 1867. Miss G., set. 16. Has had frequent bloody stools for a week; took a dose of calomel and aloes, which her physician prescribed for her last night. Got much worse after the medicine began to operate, and concluded to change physicians. I saw the patient about 5 o'clock P. M. Her bowels were moved every fifteen or twenty minutes; pulse 130 per minute; skin dry; tongue coated, yellow; tip and edges red; considerable tenderness of abdomen. Prescribed ten grs. DOVER's powder with one-half grain calomel every four hours, and left six powders of morphia containing perhaps one third of a grain each, to be given two hours after each of the DOVER's powders if necessary in order to quiet her bowels.

10th. Has had some rest; her bowels were moved only four times, during the night, with less pain than before. Continued same treatment.

11th. Is some better, pulse less frequent, and is in a gentle perspiration, bowels not so tender to pressure. Ordered a dose of oil to be given, after the operation of which, she was to continue with the same treatment, with the exception of ten grains of the subcarbonate of bismuth in place of calomel.

12th. Patient in perspiration, but had fever and headache yesterday afternoon; stools still bloody. I put up eighteen grains of quinine in four doses, adding one-third of a grain of morphia to each, ordering one every three hours.

13th. Has taken the quinine and is considerably better; has a little inclination to take food; stools still dysenteric but less frequent. Prescribed about eight grains DOVER's powder with ten grains of sub. nit. bismuth every three hours, and a dose of oil the following day.

15th. Has rested all night by taking one of the last powders after the oil operated. Ordered her to take one of the powders two or three times a day if needed.

17th. Got word that I need not come as she was getting well.

August 20th, 1867. Case 2. Mr. Rankin wt. 20. Has had diarrhoea and pain in the bowels for a week. Was a great deal worse yesterday, sent for me in the night, and not being well myself, I put him up two powders of opium ipecac and calomel. To day he is a little easier, after having taken the powders. His pulse is perhaps 60 per minute, and soft; respiration slow; is bathed in copious perspiration; stools every 20 or 30 minutes; consistence, sero-sanguinolent; tongue coated with a thick yellow coat, tip and edges rather red. Some vomiting or attempts to vomit. Ordered a dose of castor oil and turpentine. After that has operated, a dose of Dover's powder, and calomel, eight grains of the former, and one-half grain of the latter, to be given every four hours; and half a teaspoonful tincture of opium during the intervals between each powder, if needed.

21st. My patient thinks he is better, has not suffered as much pain as before; but stools are still copious, frequent, and have the appearance of the washings of flesh. Is perspiring freely. Pulse slow and compressible, respiration intermittent. Continued same treatment, except that I added fifteen grains of the sub-carbonate of bismuth to the Dover's powder, and left out the calomel.

22d. Patient a little better. Continued same treatment, with but little variation, for six days. My patient is still harassed with the copious stools, and is getting weaker. I now prescribed half a grain of morphia with five grains of tanin every four hours, and half a teaspoonful of opium two hours after each powder. This somewhat arrested the frequency and copiousness of the evacuations, and was continued seven or eight days, with sufficient brandy to keep up the patient, but it was now evident that he would soon succumb if the disease continued any longer, without more relief than he had as yet received. He was taking brandy at the rate of a pint in twenty-four hours, with essence of beef, beef-tea, fresh buttermilk, (for which he frequently asked,) sweet cream, which were allowed him in moderate portions, at intervals of three or four hours.

I now come to the most interesting part of the treatment. About eight years ago, while practising medicine in New Hagerstown, Ohio, I frequently heard that Dr. STEWART, deceased, had a recipe which would cure the worst cases of dysentery. Mentioning it in the presence of his widow, she replied that it was so, and that

she had the recipe yet, and went immediately and brought me the following:

R.	Opium,	gr. x.
	Powd. gum myrrh,	3j.
	Venice turpentine,	3 <i>ij.</i>
	Ext. of liquorice,	3 <i>j.</i>
	Oil of anise,	3 <i>j.</i>
	Water,	1 pint.

Mix and boil for an hour. Dose—two tablespoonfuls every four hours for an adult. Dr. BUSBY got the recipe from Mrs. STEWART also. He is now practising medicine in Chili, Ohio, and, I hear, is very successful in treating dysentery.

I now resolved to try this remedy on my patient, and as soon as I had it prepared, gave him a dose. It was not over half an hour after taking it, when he said that this was the medicine that would cure him. In twelve hours the evacuations were arrested, and his appetite returned. Owing, perhaps, to the sudden arrest of the discharges, he was seized with severe cramp in his stomach and bowels, which was relieved with hot hop-poultices, and a teaspoonful of tincture of opium and brandy, as his pulse was scarcely perceptible.

I have made use of the above recipe in a number of cases since, and in no instance did I fail to arrest the bloody stools in forty-eight hours. In one other case the patient was also seized with cramp, but was relieved by opium, hot fermentations, etc., followed with oil. I treated sixteen cases on the above plan, and lost but one, an old man, and he had just recovered from an attack of typho-malarial fever, when he took dysentery, and died in two weeks from uræmia, caused by torpor of the kidneys, after the dysentery was in part arrested.

E. A. OPPELT, M.D.

Tuscarawas, Ohio.

Atomized Vapors in Hæmoptysis.

ERRORS MEDICAL AND SURGICAL REPORTER:

The following case from the practice of my former partner, Dr. G. F. WITTE and myself, is submitted to you as of some interest.

Delida A., wt. about 25 years; American; school-teacher; was attacked in the school-room with hæmoptysis. Is of a haemorrhagic build, and has hereditary tendency to phthisis.

At first attack, threw up about pint of blood. The first being dark coffee-ground looking, the last bright arterial blood, fresh from the lungs. Used most of the vegetable and mineral astringents, both by mouth and rectum; but in spite of them all, she had regular paroxysms of bleeding, either every day, or every other day, P.M., until

she became alarmingly weak and æmemic, and we expected every bleeding would be her last.

At this opportune moment, the instrument for "Local Anæsthesia," ordered from you, came to hand. We immediately took some sol. persulphate of iron, diluted and atomized it, placed the tube in her mouth, and allowed her to inhale the atomized liquid.

From the moment of the first inhalation she has not lost a drop of blood, but has made a slow recovery, and is now apparently well.

R. D. BARBER, M. D.

Grand Rapids, Wisconsin.

The Prophylactic treatment of Malarious Fevers.

EDITORS MED. AND SURG. REPORTER:

In reply to Dr. W. S. KING's inquiry in the REPORTER of 14th inst., relative to the prophylactic virtues of tobacco in malarious fevers, I beg leave to say—my observations for the last twenty-five years as a practitioner of medicine, part of the time in the Chickahominy region of Virginia, and the last twenty years on the eastern shore of Maryland, do not corroborate the theory that tobacco possesses any such property. Habitual chewers and smokers, both women and men, have been as frequently numbered among my intermittent cases, as those who never use tobacco. The most reliable prophylactic I have met with, is quinine. It may be necessary to associate a blue pill or dose of calomel with it occasionally, if there is evidence of disorder of the liver. After exposure to a hot sun, damp night air, or any depressing influence during the malarious season, say from the first of June to the tenth of October; if a person so exposed will immediately on reaching shelter, take from four to six grains of quinine, and on the following day the same amount, he will escape the fever in ninety-nine cases in a hundred: the hundredth case may be attended with disorder of the liver, requiring a subsequent dose of blue mass or calomel. Or if a patient daily exposed to malarious influences, will take four grains of quinine daily, and not recklessly expose himself to bad weather or over work, that would make a man sick in any nonmalarious district, I believe he would escape the intermittent fever. To the above course do I attribute my immunity from intermittent fever, and where those most liable to it can be prevailed upon to adopt the above course, it has been eminently successful in warding off the disease, and for the frequent relapses of intermittents when once broken, anticipating the attacks by twelve to sixteen grains of quinine given on the sixth, thirteenth, and twentieth day

from the last paroxysm, will effectually put an end to the disease.

There are two indigenous plants possessing valuable antiperiodic properties, that have not received the attention they deserve, viz. Calamus root, and the bark of dogwood root. The first should be grated and given in molasses in doses of a teaspoonfull of the root three times daily. The last, macerated in whisky, and taken in wine glass full doses three times daily. Though not so prompt nor reliable as quinine, they are less expensive, and if persisted in for four or five days, they will effect a cure. I have used the sulphate of cinchona, and for young children prefer it to quinine, because it is less bitter. I give it in powders of a grain or half a grain, in peach syrup, repeating every hour or two hours till eight or ten grains have been taken. Some patients cannot take it because it produces a sense of fullness about the head attended with flushing of the face. I had great difficulty to make it into pills, and could meet no druggist who could suggest anything better than gum arabic and water. The pills were very rough, and the mass adhered to the fingers, occasioning loss of material and time in making them. I succeed satisfactorily with powdered ext. liquorice and alcohol.

SAMUEL E. WILLS, M. D.
Cecilton, Md., Sept. 23d, 1867.

News and Miscellany.

Cholera and Superstition in Italy.

The terrible ravages by cholera in Italy, are made the occasion of most horrible outrages by that superstitious, ignorant people. We give the following case in illustration:

"The popular belief in the agency of poisons still continues, and leads to shocking results. At Civita, a small district in Cosenza, a scene was lately witnessed unparalleled in modern times. The news of the first case of cholera which occurred there spread fear and consternation. Unfortunately, too, these feelings were as usual accompanied by the dread of poison. The rumor that the wells, cisterns, and reservoirs of the district were poisoned, got wind, and spread like wild-fire. The unfortunate inhabitants, paralyzed by fear, shut themselves up in their dwellings, and did not dare to drink any water, or even to use it for the purpose of cleanliness. While this excitement possessed the public mind a malignant rumor got abroad, inculpating a certain woman as the author of the evil deed. The woman pointed out to the popular indignation was a harmless creature, well known in the district as a fortune-teller. No complaint had ever been uttered against her and she was every one's friend. No sooner did the rumor get

abroad than a hue and cry was raised. A crowd assembled, and it was determined that this poor creature should be seized and put to death. Having made their way to the woman's dwelling, they felled her to the ground, tore her body to pieces, and lighting a large bonfire, threw the bleeding remains into it. A daughter of the victim, a girl of fifteen, thrilling with horror at her mother's murder, screamed wildly at this terrible sight, and her cries attracted the notice of the crowd, who would have seized her and have made short work of her also, had she not been saved by a brave man at the peril of his own life. After this bloody work, the crowd—composed of men, women, and children—spent a good portion of the night in dancing and revelry close to the spot where the charred remains of their victim were lying.

Scouring Drops for Removing Grease.

I. Alcohol (pure), six ounces; camphor, two ounces; rectified essence of lemon, eight ounces.

II. Camphene, three ounces; essence of lemon, one ounce. Mix. Some direct them to be distilled together.

III. French. Camphene, eight ounces; pure alcohol, one ounce; sulphuric ether, one ounce; essence of lemon, one drachm.

IV. Spirits of wine, one pint; white soap, three ounces; ox-gall, three ounces; essence of lemon, a quarter of an ounce.

DISINFECTION POWDER.—R. Permanganate of potash; powdered carbonate of lime; powdered starch, &c., equal parts. M.—A painless dressing for badly-smelling wounds, such as ulcerated cancer of the breast, etc.—*Journal de Chirurgie*.

[Notices inserted in this column gratis, and are solicited from all parts of the country: Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

NICHOLS—BROWER.—Nov. 15th, 1864, by Rev. Dr. Sanjour, I. De Forest Nichols, M. D., and Miss Emma Brower, of New York.

DIED.

HILL.—In Greenbush, Wis., Sept. 23d, 1867, Dr. A. S. Hale, late Acting Assistant Surgeon, U. S. A.

METEOROLOGY.

September	23.	24.	25.	26.	27.	28.	29.
Wind.....	N. W.	N.	S. W.	N.	N. W.	W.	N. W.
Weather....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain..							
Thermometer.							
Minimum....	56°	47°	50°	48°	42°	50°	58°
At 8, A. M....	64	59	58	58	57	56	66
At 12, M.....	66	64	72	63	62	70	63
At 3, P. M....	67	66	74	62	61	73	70
Max.....	63.25	58.75	63.50	57.75	55.50	62.25	62.75
Barometer.							
At 12, M.....	30.6	30.5	30.	30.1	30.2	30.1	29.8
Germantown, Pa.							
	B. J. LEEDOM.						

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